	State of Rhode Office of the Secret		Fee: \$20.00	
	Division Of Busines			
	148 W. River S Providence RI 029			
7636	(401) 222-30			
Foreign Non-Profit	(100) 00			
Annual Report Filing Period: February 1 - May	/ 1			
In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023 : <u>2023</u>				
1. Corporate ID No. <u>001677602</u>				
2. Name of Corporation <u>CITIZEN WELLNESS AND ADVOCACY FOUNDATION</u>				
3. State of Incorporation				
State: <u>XX</u>				
NAICS CODE				
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>				
NAICS Code				
<u>813319</u>				
4. Principal Office Address				
	<u>SHID RAJI</u> DGE STREET			
City or Town: <u>PROVI</u>	DENCE State:	<u>RI</u> Zip: <u>02904</u>	Country: <u>USA</u>	
5. Brief Description of the Character of the Affairs Conducted in Rhode Island				
TO RAISE FUNDS TO IMPLEMENT PROGRAMS IN RHODE ISLAND AND NIGERIA				
6. Names and Addresses of the Officers and Directors:				
All officers and directors must be listed.				
Title	Individual Name First, Middle, Last, Suffix		Iress State, Zip Code, Country	
1				

1				
PRESIDENT	RASHID RAJI	163 LEDGE STREET PROVIDENCE, RI 02904 UNI		
SECRETARY	SULAIMAN ZUBAIR	8 ADENIRAN STREET ALAPERE, LAGOS, NGA		
DIRECTOR	DOYIN IYIOLA	33A AINA STREET OMOLE LAGOS, RI NGA		
7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78				
RASHID RAJI 163 LEDGE STREET PROVIDENCE , RI 02904				
8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.				
Signed this 15 Day of August, 2023 at 8:50:24 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6. By <u>RASHID RAJI</u> Signature of Authorized Person				
Form No. 631				
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